

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36418**BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **147**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY OR TOWN Kennett, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
c. LENGTH OF STAY (In this place) 14 yrs		d. STREET ADDRESS (If rural, give location) 325 First Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 First Street		e. STREET ADDRESS (If rural, give location) 325 First Street	

3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) LOGAN c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) Nov 21 55		
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 7 - 1884		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Francis Brown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-10-9776		17. INFORMANT'S SIGNATURE OR NAME B M Brown ADDRESS Blenda St	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH None	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Quinton Tarver (Name or title) Coroner, Dunklin County		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 11-22-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 24 55		24c. NAME OF CEMETERY OR CREMATORY Roshill	
				24d. LOCATION (City, town, or county) (State) Shelbes Ill	

DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE 90-70 Carl Husband		25. FUNERAL DIRECTOR'S SIGNATURE Frank A. Raucher ADDRESS Leavo St	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT11-28-55
COUNTY FILE NUMBER 1155-

DEC 8 1955

DEC 29 9 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Edgar D. Reed Ford

Licensed Embalmer No. 4433

P. O. Address.....

Kennett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.